



PO Box 1058, Glastonbury, CT 06033

Phone: 860-659-8769 Fax: 860-659-8772

Email: admin@ccacc.org Website: www.ccacc.org

Connecticut Chapter of the American College of Cardiology (CT-ACC) Statement in Opposition to Raised Bill 5447 Submitted to the Committee on Public Health, March 12, 2010

The Connecticut Chapter of the American College of Cardiology (CT-ACC) strongly opposes Raised Bill 5447 because (1) the provisions concerning cardiovascular medicine will undermine access to cardiovascular care; and (2) the criteria for reviewing certificate of need applications are flawed. In sum, it is unclear what cardiovascular services are included in the requirement to obtain a CON, thus CT-ACC is concerned the bill will inhibit cardiologists ability to deliver quality care in a timely manner.

Respectfully, CT-ACC reminds the Committee that the number one killer nationwide is cardiovascular disease. But cardiovascular specialists have made great strides in recent years. According to the American Heart Association, death rates from cardiovascular disease declined about 30 percent between 1996 and 2006 as treatments improved. Preserving the physician/patient relationship is critical to build on this success.

Under Section 5(a)(8) a certificate of need (CON) would be required for "the establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery." CT-ACC objects to the open-ended nature of this provision. We are also concerned that "the establishment of cardiac services" under Section 5(b)(2), is also vague in that it does not state when private practice physicians are exempted. Of course, our greatest concern is for our patients because potential restrictions could prohibit cardiologists' from utilizing new technologies and quality improvement tools, which are critical to delivering the right care at the right time.

Section 5(a)(9) would require CON review for the "acquisition of imaging equipment, including computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners and positron emission tomography-computed tomography scanners by any person, physician or provider other than a short-term acute care general hospital or children's hospital." It is unclear, what is meant by the term

"imaging equipment?" Does this provision apply to ultrasound procedures? Does it apply to nuclear medicine diagnostic studies? Both are widely used imaging procedures that effectively diagnose cardiovascular disease. Echocardiography and nuclear cardiology scans are state of the art, cost effective procedures, which have been performed for over 30 years. CT-ACC objects to including these services within CON review.

If the intent of the legislation is to reduce over-utilization of imaging services, it makes no sense to focus exclusively on private practices. CT-ACC is concerned with over-utilization. That is why we support the American College of Cardiology's appropriateness criteria as mentioned above. The unintended consequence of restricting these services in the private practice setting will result in diminished access to care.

CT-ACC questions the inclusion of Section 5(a)(12), for CON review to be required for "the acquisition of equipment utilizing technology that has not previously been utilized in the state". This presumes that physicians will not properly perform the services for which they are trained. In addition, it is not in the physicians' interest to use equipment that has not been held up to scrutiny. Indeed the CT-ACC promotes the appropriate use of equipment through established lab accreditation standards.

Regarding the criteria for CON review found in Section 6, CT-ACC again, is concerned the language is vague and asks the following questions:

Section 6(a)(2) – What is meant by "clear community need for the health care facility or services proposed by the applicant?"

Section 6(a)(3) – What is meant by the term "financial strength of the health care system in the state". CT-ACC believes that policies that promote quality are the most fiscally responsible policies.

Section 6(a)(8) – What is meant by the term "unnecessary duplication of existing or approved health care services or facilities?"

Section 6(b) which gives the state the power to revise or supplement CON review criteria is broad and suggests that an application that meets the eight review criteria could still be subjected to endless and open-ended review.

Regarding the filing requirements for a CON application in Section 7 CT-ACC would make the following observations: Section 7(b) which requires the publication of notice of the application to be submitted "in a newspaper having a substantial circulation in the area where the project is to be located" needs clarification. Section 7(e) spells out criteria for holding a public hearing on a CON application. The provision states that a public hearing request must be made within 30 days of filing an application. Three criteria for holding a public hearing are spelled out: (1) the level of public response to the application; (2) the public's ability to comment and offer opinions on the application; and (3) the need for additional information on the application. CT-ACC believes an appeal process is essential to ensuring fair and accurate decisions.

CT-ACC opposes Raised Bill 5447. We appreciate the Committee's concern with the appropriate delivery of cost-effective care and are available to discuss the established

guidelines, appropriateness criteria and accreditation programs that benefit patients and reduce cost.

Regards,

A handwritten signature in black ink, appearing to read 'Neal Lippman', followed by a large, stylized circular flourish.

Neal Lippman, M.D., F.A.C.C.
President, Connecticut Chapter of the ACC